

# IMO MED-SELECT NETWORK®

A Certified Texas Workers' Compensation  
Health Care Network

## *HCN Employer Information Packet*





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## IMO Med-Select Network® Introduction

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Dear Employer,

The State Office of Risk Management is pleased to announce a new partnership with IMO Med-Select Network®, a Certified Texas Workers' Compensation Health Care Network (HCN). Effective September 1, 2014, we will transition from the existing CompKey+ network to IMO Med-Select Network®.

The IMO Med-Select Network® is unique in that it provides *selective* credentialed and contracted providers focused on assisting injured employees, while delivering improved accessibility and patient satisfaction. The network's medical professionals are familiar with workers' compensation, and will provide the care and service necessary to facilitate quick recovery and return-to-work.

All work-related injuries that occur on or after September 1, 2014 and that meet the service area requirements will be part of the IMO Med-Select Network®. Existing claims within the IMO Med-Select Network® service area will be automatically transferred.

IMO Med-Select will have a team of customer care representatives and staff available for support and guidance dedicated to SORM client agencies. You may reach them by phone at (888)466-6381 or via e-mail at [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com). With an emphasis on provider engagement and employee satisfaction, we appreciate your support and communication in these efforts.

At your earliest convenience, please provide the notification materials to all existing employees, and distribute to any new employees not later than the third day after the date of hire. Those materials can be found on the SORM website at <http://www.sorm.state.tx.us/workers-compensation/health-care-network>. As is current practice, the Employee Notification Packet with the Acknowledgement Form must be reviewed and signed as close as possible to the time of injury.

Additional educational resources are available through our website at [www.sorm.state.tx.us](http://www.sorm.state.tx.us). We strongly encourage careful review of the Employer HCN Notification Requirements. For information regarding the network's certification, you may visit the Texas Department of Insurance website at [www.tdi.texas.gov](http://www.tdi.texas.gov). Should you have further questions or concerns, please feel free to contact the State Office of Risk Management through our website at [www.sorm.state.tx.us](http://www.sorm.state.tx.us) or via e-mail to the Director of Workers' Compensation, Michelle Smith, at [michelle.smith@sorm.state.tx.us](mailto:michelle.smith@sorm.state.tx.us).

Respectfully,

State Office of Risk Management



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## Employer HCN Notification Requirements

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The following information is provided to you as a resource based on employee status and requirements of the network. Should you have any questions, please feel free to contact IMO directly at (888)466-6381 or via email at [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com).

### FOR EXISTING EMPLOYEES:

- Inform **all** employees of the new workers' compensation health care network **by September 1, 2014**. The Employee Network Notification Packet which includes the Notice of Network Requirements, Acknowledgement Form, Network Service Area Map, and Provider Directory Instructions is available for download on the SORM website. A signed acknowledgement form is not required at this time.
- Post the IMO Network Employee "Notice of Network Requirements" at each worksite location.

### NEW EMPLOYEES:

- Within three calendar days of their date of hire, you are required to distribute the Employee Notice of Network Requirements, Acknowledgement Form, Network Service Area Map, and Instructions for accessing the Provider Directory. Materials are provided in both English and Spanish. You may distribute in hard copy or by e-mail.
- Track the distribution, signing and collection of the Acknowledgement Form with the IMO Med-Select Network® Employee Notification and Acknowledgement Form Tracking Log. All employees have 14 calendar days to read the notice, sign, and return the acknowledgement form to you. If the employee fails to sign and return the acknowledgement, please document the employee's refusal on the tracking log provided.

### EMPLOYEES INJURED ON THE JOB:

- Upon the first report of an injury, you must redistribute the Employee Notice of Network Requirements and Acknowledgement Form to the injured employee, and obtain a signed acknowledgement. At the time you report the claim to the State Office of Risk Management, you will be required to provide all signed acknowledgement forms.

To learn more, visit [www.injurymanagement.com](http://www.injurymanagement.com). Under the "Services" tab you will find information regarding the IMO Med-Select Network® including a formal FAQ document.

